

# Utah's BRFSS

## Arthritis Follow-up Survey Report, 2003



**Utah Department of Health  
Bureau of Health Promotion  
Utah Arthritis Program**



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## EXECUTIVE SUMMARY

*Utah's BRFSS Arthritis Follow-up Survey, 2003* represents an effort which is at the forefront of exploring additional issues associated with the management of arthritis not available through the BRFSS Survey. The information reported here is intended to provide programmatically relevant arthritis data and serve as a reference guide and groundwork for future research about factors associated with arthritis. This report includes narrative and figures that provide details on the issues examined.

- During the initial 2001 Utah BRFSS Survey, 1,205 (33%) of the 3,656 respondents were identified as having arthritis based on the CDC BRFSS definition. Of the 1,205 who completed the initial BRFSS Survey, 988 (82%) agreed to be contacted again for a follow-up survey. Of the 988 contacted, 121 (12%) reported they no longer had CJS and/or doctor-diagnosed arthritis, 107 (11%) were not able to complete the follow-up survey for other reasons, and 46 (5%) refused to participate in the follow-up survey. A total of 714 adults (72%) completed the follow-up survey. These 714 adults were similar with respect to gender and age, to the overall sample of individuals with arthritis (n=988).
- Of the 121 persons previously reporting CJS and/or doctor-diagnosed arthritis, 84(69%) previously reported CJS only, 26 (22%) previously reported doctor-diagnosed arthritis, ten (8%) previously reported both doctor-diagnosed arthritis and CJS but no longer reported these conditions when they completed the follow-up survey, and one (1%) was unknown.
- A higher proportion of females (85%) received advice from a health care professional on managing their arthritis during the past 12 months than males (78%). During the past 12 months, 53 percent of males and 35 percent of females were advised to lose weight. However, a greater percentage of females (43%) reported problems trying to lose weight than males(38%). Eighty-six percent of females and 84 percent of males were advised to exercise, and a similar proportion of females (45%) and males (39%) reported they were unable to exercise due to pain.
- Patients with a health care provider reported that physicians recommended exercise most often for managing their arthritis (85%), followed by prescription medications (74%), non-prescription medications (46%), and diet / weight loss (41%). Only six percent reported their doctor or health care provider had recommended the Arthritis Self-Help Course. Eighteen percent of patients reported their physician recommended alternative therapies such as massage, acupuncture, etc.
- When asked what they had done to manage their arthritis during the past 12 months, the most frequently reported method for managing arthritis was exercise (77%), followed by non-prescription medications (62%) and vitamin supplements (57%).
- Of those who did not visit their doctor or health care provider, 49 percent reported they had no health insurance or inadequate health insurance.





## SECTION I: INTRODUCTION

### Introduction

The term “arthritis” includes more than 100 diseases and conditions affecting joints, the surrounding tissues, and other connective tissues. These diseases and conditions include osteoarthritis, rheumatoid arthritis, lupus, juvenile rheumatoid arthritis, gout, fibromyalgia, and bursitis. The three most common forms of arthritis are osteoarthritis, rheumatoid arthritis, and fibromyalgia.

Arthritis and other rheumatic conditions are among the most common chronic conditions and they comprise the leading cause of disability in the United States.<sup>1,2</sup> These conditions frequently lead to limitations in work, recreation, and everyday activities, including basic self-care. Some types of arthritis can result in life-threatening complications.

In 2001, the estimated prevalence of arthritis or chronic joint symptoms (CJS) among U.S. adults was 33 percent, or approximately 70 million adults.<sup>1</sup> Arthritis or CJS affected nearly one of three (32% or 471,000) Utah adults over the age of 18 in 2001.<sup>3</sup>

Much remains to be learned about factors affecting people with arthritis. The Behavioral Risk Factor Surveillance System (BRFSS) is one tool that enables health professionals to evaluate the impact of arthritis. The BRFSS Arthritis, Health-Related Quality of Life, Physical Activity, and Health Status modules are valuable sources of information about persons with arthritis. However, the questions in these modules do not provide all the information

needed to better understand how to improve the health-related quality of life for persons with arthritis in Utah.

To gain more specific programmatically relevant information about individuals identified as having doctor-diagnosed arthritis and/or CJS, the Utah Department of Health Arthritis Program designed an arthritis follow-up telephone survey, which included 24 questions intended to gain information about:

- the reliability of BRFSS Survey questions used to define arthritis
- traditional medical care use
- alternative therapy use
- primary sources of information about arthritis
- insurance and health cost issues
- other factors affecting arthritis management

The follow-up survey was administered to 714 non-institutionalized adults aged 18 years and older who previously reported having either CJS and/or doctor-diagnosed arthritis during the 2001 Utah BRFSS Survey. A detailed description of this sample population is presented in Appendix A.

The results were weighted to reflect the year 2001 estimated Utah population, with respect to age, sex, and residency. Data were analyzed using the statistical software packages SAS and SUDAAN.

## Arthritis Definition

The definition of arthritis currently recommended by the CDC for the BRFSS was used to measure arthritis prevalence for this report. The definition is based on reporting either CJS or doctor-diagnosed arthritis.

Persons who answered “yes” to the following two BRFSS questions were defined as having CJS.

- 1) During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?
- 2) Were these symptoms present on most days for at least one month?

Doctor-diagnosed arthritis is a term used to describe persons who answered “yes” to the BRFSS question:

- 1) Have you ever been told by a doctor that you have arthritis?

During the initial 2001 Utah BRFSS Survey, 69 percent of those who had arthritis or CJS reported having doctor-

diagnosed arthritis and 31 percent had only CJS without doctor-diagnosed arthritis. In the Arthritis Follow-up Survey, two-thirds of the participants (65%) who had arthritis or CJS reported having doctor-diagnosed arthritis and 35 percent reported having only CJS without doctor-diagnosed arthritis.

It should be noted that this broad arthritis definition captures individuals with varying stages of arthritis burden. This may range from those with little pain, activity limitation and/or disability to those with severe pain, activity limitation and/or disability. It is perhaps the latter population with which medical providers are most familiar. However, it is important to also include individuals with little arthritis burden in prevalence estimates. Because early intervention has proven important in arthritis management, these individuals may also benefit from public health interventions, including increasing physical activity, decreasing or maintaining body weight, and evidenced-based self-management courses.

## SECTION II: ATHRITIS FOLLOW-UP SURVEY RESULTS

### Reliability of Arthritis Definition

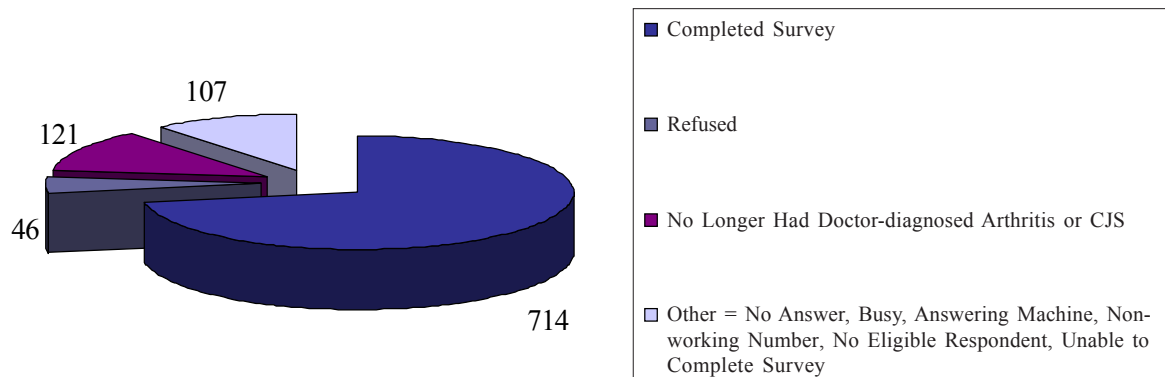
The reliability of the CDC BRFSS definition of arthritis was estimated in this follow-up survey. Reliability refers to the reproducibility of a measurement. Reliability is quantified by performing repeat measures using the same subjects.

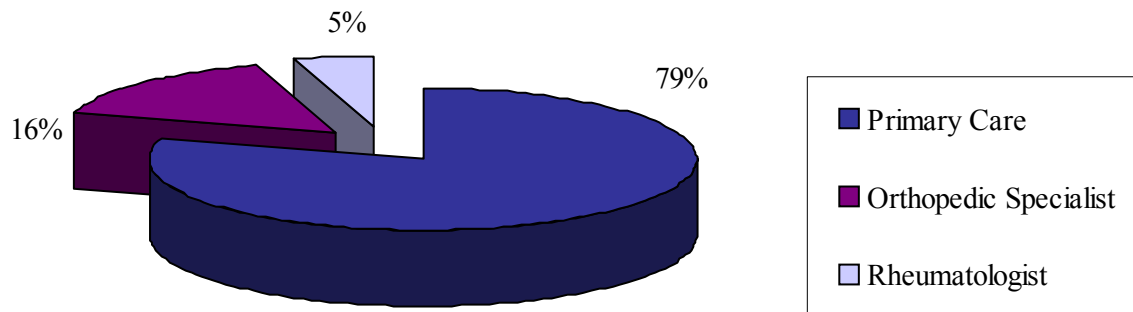
During the initial 2001 Utah BRFSS Survey, 1,205 (33%) of the 3,656 respondents were identified as having arthritis based on the CDC BRFSS definition. Of the 1,205 who originally reported doctor-diagnosed arthritis and/or CJS, a total of 988 (82%) agreed to be contacted again for a follow-up survey. Of the 988, 121 (12%) reported they no longer had CJS and/or doctor-diagnosed arthritis, 107 (11%) were not able to complete the follow-up survey for other reasons and 46 (5%) refused to participate in the follow-up survey. A total of 714 adults (72%) completed the follow-up survey and were similar with respect to gender and age, to the overall sample of individuals with arthritis (n=988).

Of the 121 persons who previously reported CJS and/or doctor-diagnosed arthritis, 84 (69%) no longer reported CJS only, 26 (22%) no longer reported doctor-diagnosed arthritis, ten (8%) no longer reported both doctor-diagnosed arthritis and CJS at the time they completed the follow-up survey. One (1%) was unknown.

A possible explanation for individuals not reporting doctor-diagnosed arthritis and/or CJS on the follow-up survey may be that these persons had symptoms in the past, which subsided before the follow-up survey was administered. The follow-up survey was conducted an average of 47 days after the original BRFSS Survey. Some forms of arthritis and their symptoms may be temporary or remitting, such as Reiter's syndrome, gout, bursitis, and some infectious forms of arthritis. It is also possible that the initial BRFSS Survey overestimated the prevalence of CJS because it may have included persons with CJS who had injuries rather than arthritis.

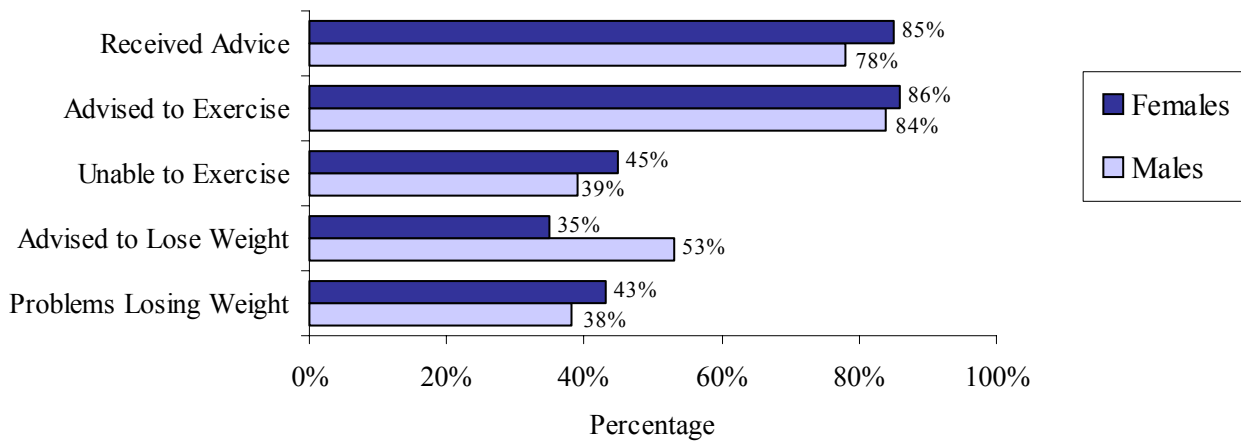
**Figure 1. Proportion of Persons With Arthritis (n=988) Who Completed the Follow-up Survey and the Reasons Others Did Not Complete the Survey**



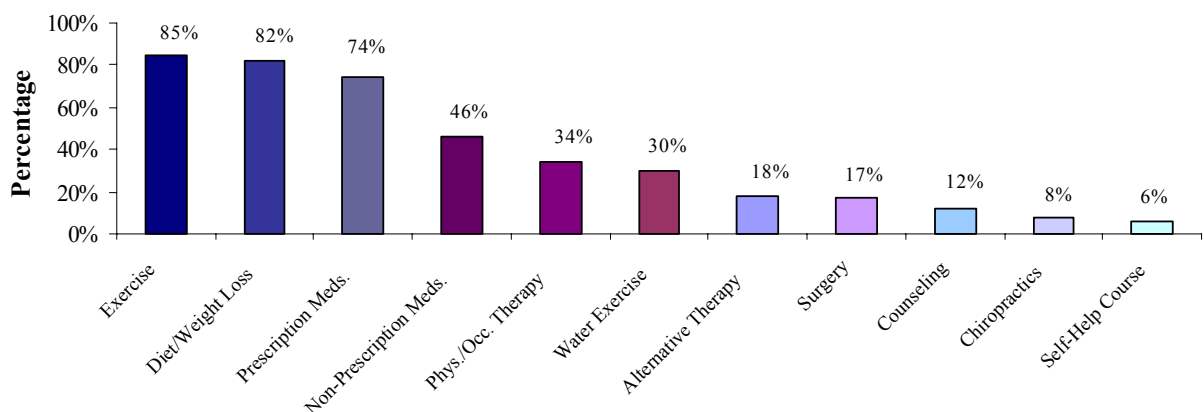
**Figure 2. Type of Provider Seen**

### Traditional Medical Care

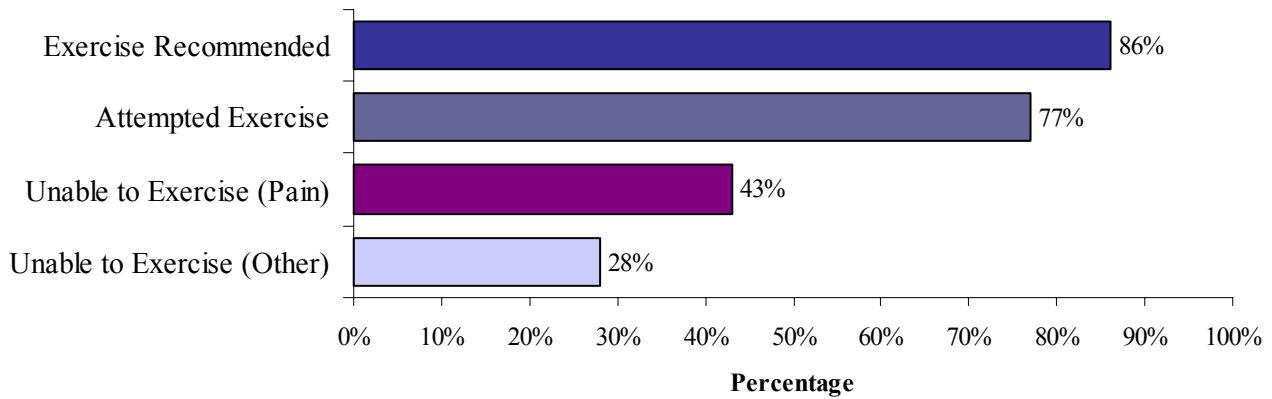
- Sixty-three percent reported they were currently being treated by a health care provider. The remaining 37 percent were not being treated or were self-treating.
- Forty-five percent of respondents with a health care provider indicated that they had seen a doctor or health care provider one to two times during the past 12 months. An additional 31 percent indicated that they had seen a doctor or health care provider three to ten times during the past 12 months.
- Eighty-three percent of respondents with a health care provider reported receiving advice from their health care provider about managing their arthritis during the past 12 months.
- Of the 61 percent who reported seeing a doctor or other health care provider for arthritis, 79 percent reported seeing a primary care physician. Twenty-six percent reported seeing a general practitioner, 21 percent reported seeing a family practitioner, and 15 percent reported seeing an internist. The remaining (17%) were seeing other primary care providers. Sixteen percent reported seeing an orthopedic specialist and five percent reported visiting a Rheumatologist. More than one third of respondents (39%) reported not seeing a doctor or other health care provider for arthritis.

**Figure 3. Comparisons of Physician Advice by Gender**

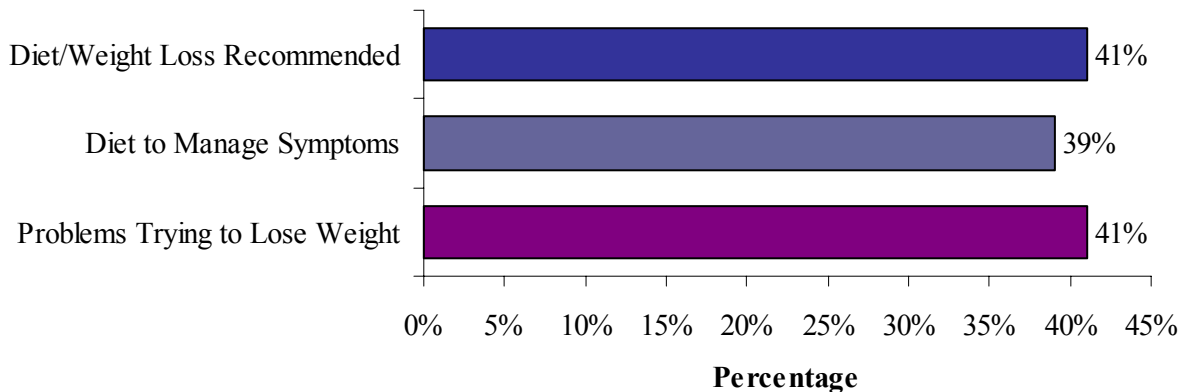
- A higher proportion of females (85%) received advice from a health care professional on managing their arthritis during the past 12 months than males (78%). During the past 12 months, 53 percent of males and 35 percent of females were advised to lose weight. However, a greater percentage of females (43%) reported problems trying to lose weight than males (38%). Eighty-six percent of females and 84 percent of males were advised to exercise, and a similar proportion of females (45%) and males (39%) reported they were unable to exercise due to pain. (See Figure 3)
- Patients with a health care provider reported that physicians recommended exercise most often for managing their arthritis (85%), followed by diet and weight loss (81%) prescription medications (74%), non-prescription medications (46%). Eighteen percent of patients reported their physician recommended alternative therapies such as massage, acupuncture, etc. Only six percent reported their doctor or health care provider had recommended the Arthritis Self-Help Course. (See Figure 4)

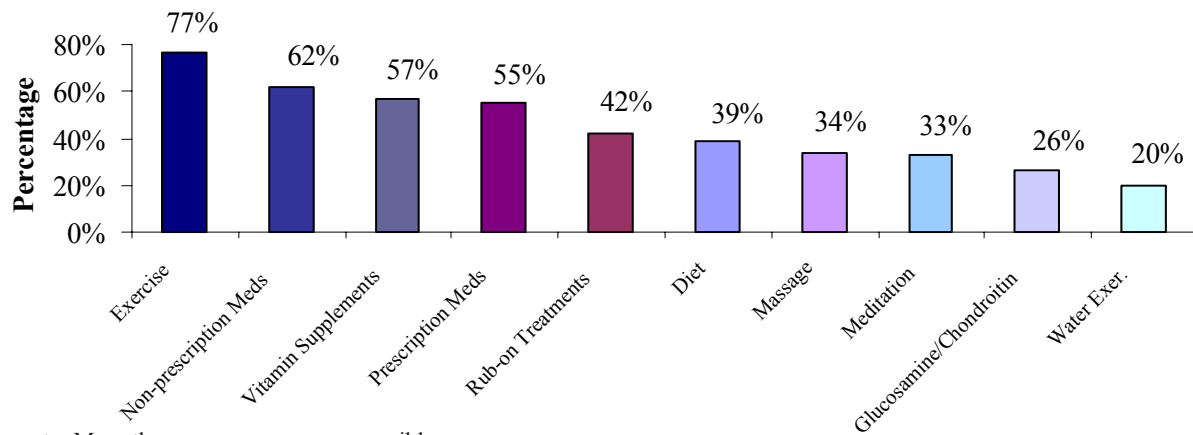
**Figure 4. Doctor/Health Care Provider Recommended Methods for Managing Arthritis**

\*Please note: More than one response was possible

**Figure 5. Exercise as Management for Arthritis**

- The majority of patients (86%) reported that their provider recommended exercise most often for managing their arthritis. Seventy-seven percent reported attempting to exercise. However, 43 percent of these patients were unable to exercise because of pain and 28 percent were unable to exercise for other reasons. (See Figure 5)
- Forty-one percent of patients reported their provider recommended diet and/or weight loss as a method of managing arthritis or CJS. Nearly 40% of individuals reported dieting in an effort to manage arthritis or CJS. Trying to lose weight was a problem for 41% of respondents trying to manage arthritis or CJS. (See Figure 6)

**Figure 6. Diet/Weight Loss as Management for Arthritis**

**Figure 7. Reported Methods\* Used to Manage Arthritis During the Past 12 Months**

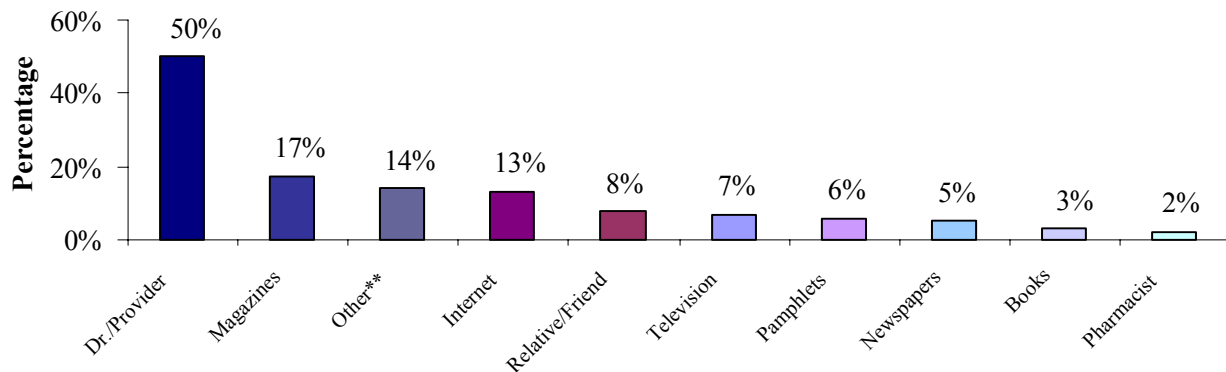
\*Please note: More than one response was possible

### Alternative Therapy Use

- When asked what they had done to manage their arthritis during the past 12 months, the most frequently reported method for managing arthritis was exercise (77%), followed by non-prescription medications (62%) and vitamin supplements (57%). (See Figure 7)

### Primary Sources of Information about Arthritis

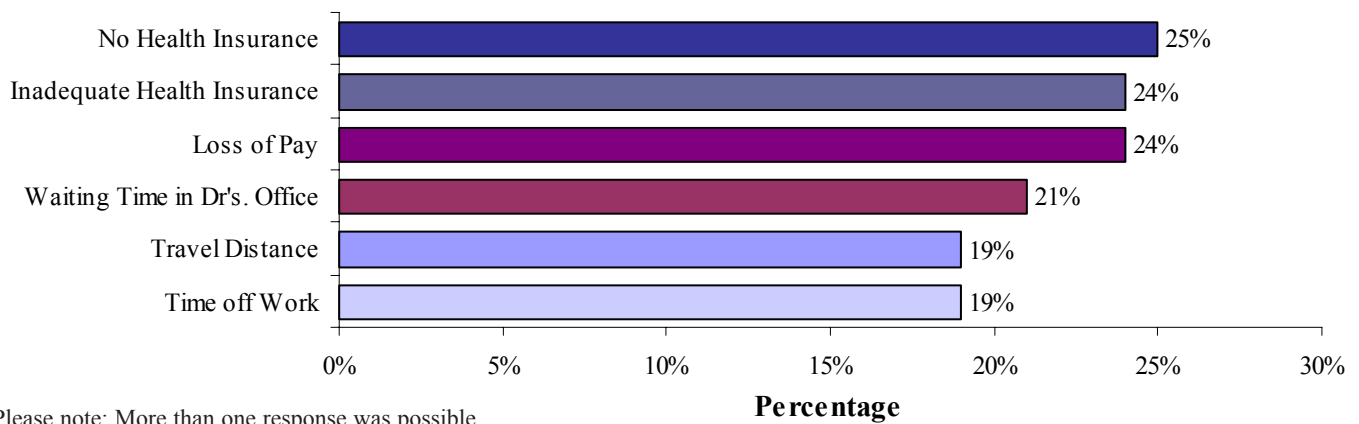
- Fifty percent of respondents reported they received information about arthritis from their doctor or other health care provider. This source was reported far more often than other sources such as magazines (17%) and the Internet (13%). (See Figure 8)

**Figure 8. Arthritis Information Sources\***

\* Please note: More than one response was possible

\*\*The category "other" also includes information from the following resources: Arthritis Foundation (1.6%), Library (1.5%), Nurse/Nurse practitioner (1.0%), Radio (0.6%), Classes from the community (0.1%)

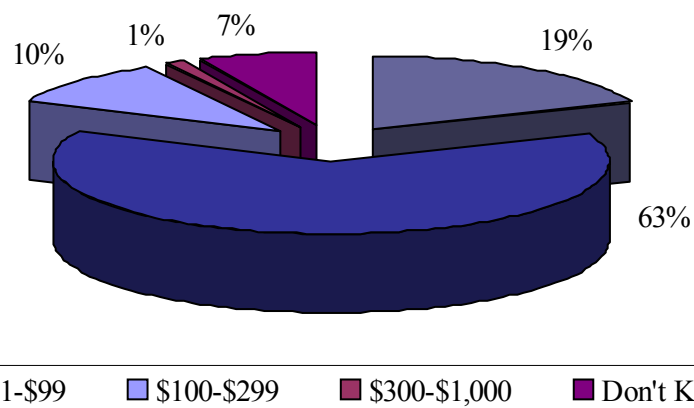
**Figure 9. Reasons for Not Visiting a Health Care Provider**



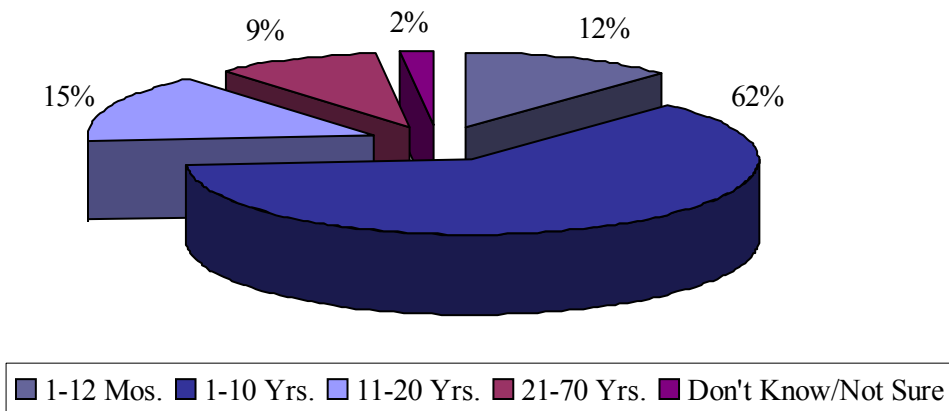
### Insurance and Health Cost Issues

- Ten percent of respondents reported they did not visit their doctor as often as they felt they needed to for their arthritis.
- Of those who did not visit their doctor or health care provider, 49 percent reported they had no health insurance or inadequate health insurance. Loss of pay was the next most frequently reported reason for not visiting a health care provider. (See Figure 9)
- Most respondents (82%) reported that their out-of-pocket cost for treating their arthritis was less than \$99 per month, 10 percent paid between \$100 and \$299, and one percent paid more than \$300 per month. (See Figure 10)

**Figure 10. Monthly Out-of-pocket Cost for Treating Arthritis During the Past 12 Months**





**Figure 11. Participants With Arthritis by Length of Time They Have Had Arthritis**

### Other Factors Affecting Arthritis Management

- Sixty-two percent of respondents reported having arthritis for one to ten years, 15 percent reported having arthritis for 11 to 20 years, and nine percent reported having arthritis for more than 21 years. (See Figure 11)
- Seven percent of respondents reported having surgery to replace a joint or joints due to arthritis. Of these respondents, 22 percent indicated having their knee joint(s) replaced and 25 percent reported having their hip joint(s) replaced.
- Fifty-three percent of respondents said they were aware of the Arthritis Foundation.
- One percent of respondents indicated that they had ever taken or were currently taking the Arthritis Self-Help Course.
  - Of the one percent who took a self-help course for arthritis, nearly three-fourths indicated that they felt more in control of their arthritis because they had taken a course.

## SECTION III: STUDY LIMITATIONS, SUGGESTIONS FOR ACTION AND CONCLUSIONS

### Study Limitations

The findings in this report are subject to the following limitations. First, the BRFSS case definition for arthritis had not been validated at the time of this study and has since been modified. Therefore, the data presented in this report with respect to the BRFSS case definition of arthritis do not apply to the current BRFSS questions. Second, unhealthy days may be overestimated for persons who

report both physical and mental unhealthy days when these days overlap. Third, because BRFSS excludes persons without telephones, persons in the military, persons in institutions (e.g. nursing homes), and persons less than 18 years old, the prevalence rates do not represent the entire population.

### Suggestions for Action

The suggestions presented here provide a foundation for future actions to impact the health-related quality of life for persons with arthritis in Utah.

- **Encourage people with CJS to see their physician early to establish a diagnosis of arthritis and minimize the complications of arthritis.**

Thirty-five percent of respondents reported CJS only and had not been diagnosed with arthritis by a doctor.

- **Increase the proportion of people receiving appropriate treatment for their arthritis.**

More than one third (39%) of the follow-up respondents reported they did not have a doctor or other health care provider that they see for their arthritis. This finding has important implications because treatment lessens the impact and progression of arthritis.

- **Develop and disseminate arthritis awareness materials for health professionals that highlight the value of self-management courses, including ASHC, physical activity, and weight loss/maintenance resources.**

Few providers recommend these evidence-based arthritis resources to their patients.

- **Encourage people with arthritis to participate in physical activity programs (including water exercise) to manage their arthritis.**

Most respondents (85%) with a health care provider indicated exercise was the most frequently recommended advice received from their doctor or health care provider, which indicates this is an important component of managing arthritis. However, only 76 percent of all respondents reported using exercise to manage their arthritis during the past 12 months.

- **Increase the number of days without severe pain for adults with arthritis.**

Being unable to exercise because of pain was the most frequently reported problem (43%) in managing arthritis. This may be accomplished through increased physical activity and participation in the ASHC.

- **Provide information about appropriate dietary practices to overweight people with arthritis to help them attain an appropriate body weight. It is also important for the Utah Arthritis Program to form alliances with programs that focus on weight management.**

Trying to lose weight was the second most frequently reported problem (41%) in managing arthritis.

- **Support those agencies attempting to assure adequate health insurance coverage for Utahns.**

Forty-five percent of persons with arthritis and/or CJS reported a lack of health insurance or inadequate health insurance coverage prevented them from visiting their doctor or health care provider.

- **Increase the delivery of arthritis-related messages through partnerships with providers and communication mediums such as newsletters, magazines, and the website of local advocacy groups and the Utah Arthritis Program.**

Physicians were the most frequently reported source of information about Arthritis (50%), followed by magazines (17%) and the Internet (13%).

- **Increase the number of people with arthritis who have had effective, evidence-based arthritis education as part of managing their arthritis.**

Only one percent of respondents indicated that they were currently taking, or had ever taken, the Arthritis Self-Help Course.

## Conclusions

Existing BRFSS surveys are valuable, but do not provide all the information needed to address the needs of individuals with arthritis. Utah's BRFSS Arthritis Follow-up Survey was created to gain programmatically relevant information about behaviors from individuals with arthritis. These behaviors included the type of medical provider selected to treat their arthritis, preferred sources of arthritis information, experiences related to arthritis management, recommendations made by providers, and other factors.

Individuals with arthritis most often seek care and information from primary care providers. These providers frequently recommend exercise, diet and/or weight loss to manage arthritis symptoms. However, many individuals with arthritis encounter barriers that make compliance with treatment regimens difficult. Public health programs and medical providers must focus on reducing these barriers to improve health outcomes for persons with arthritis.



## REFERENCES

1. Bolen J, Helmick CG, Sacks JJ, Longmaid G, Prevalence of self-reported arthritis or chronic joint symptoms among adults - United States, 2001. MMWR 2002; 51(42): 948-50.
2. CDC, Prevalence of disabilities and associated health conditions, among adults - United States, 1999. MMWR 2001; 50(7):120-125.
3. Utah Department of Health, BRFSS Survey 2001 (unpublished data).



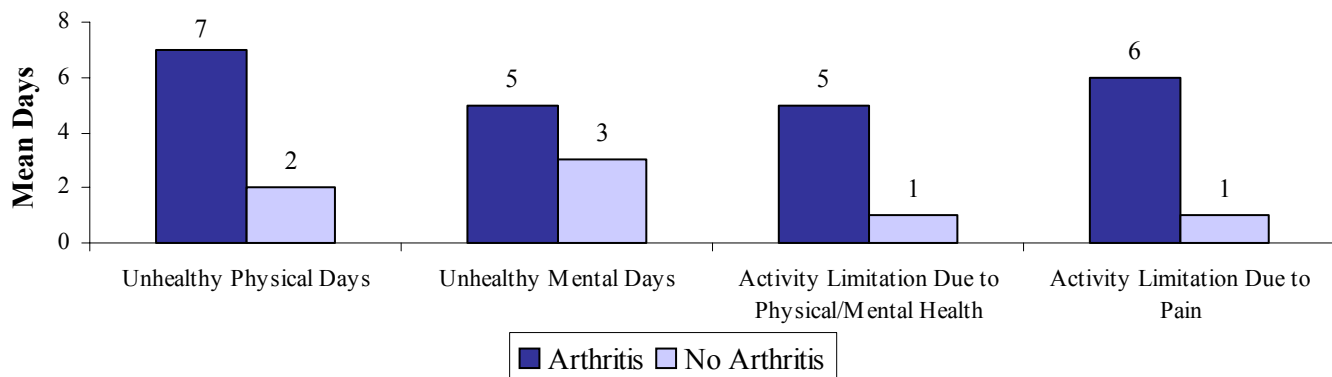
## APPENDIX A - DESCRIPTION OF THE ARTHRITIS FOLLOW-UP SURVEY PARTICIPANTS

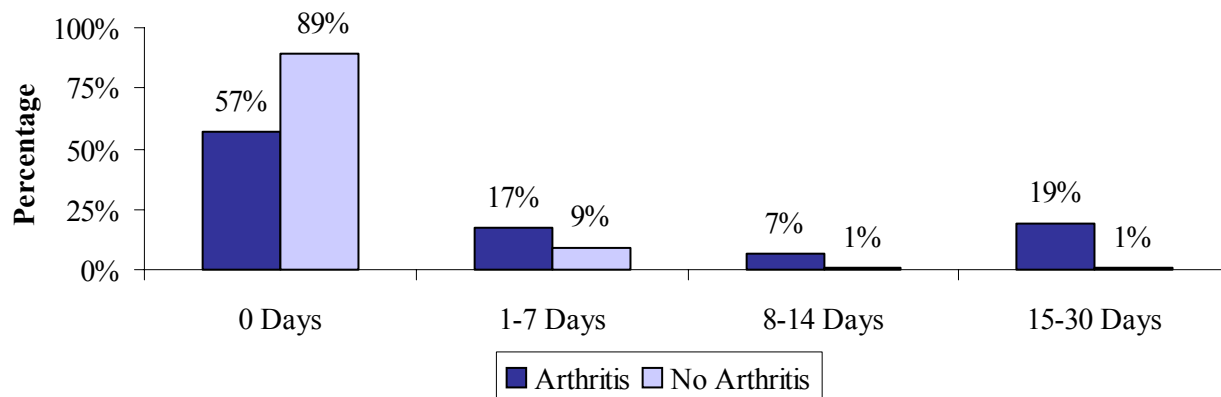
During the initial 2001 Utah BRFSS Survey, 1,205 (33%) of the 3,656 respondents were identified as having arthritis based on the CDC BRFSS definition. Of the 1,205 who completed the initial BRFSS Survey, 988 (82%) agreed to be contacted again for a follow-up survey. Of those 988 who agreed to participate in the follow-up survey, 714 completed the survey. These 714 were similar with respect to age and gender to the overall sample of individuals with arthritis (n=988). The mean number of days between the initial BRFSS interview and the follow-up interview was 47 days.

The following text presents highlights for the 714 individuals who completed the Arthritis Follow-up Survey and includes data using questions from the initial 2001 Utah BRFSS Survey.

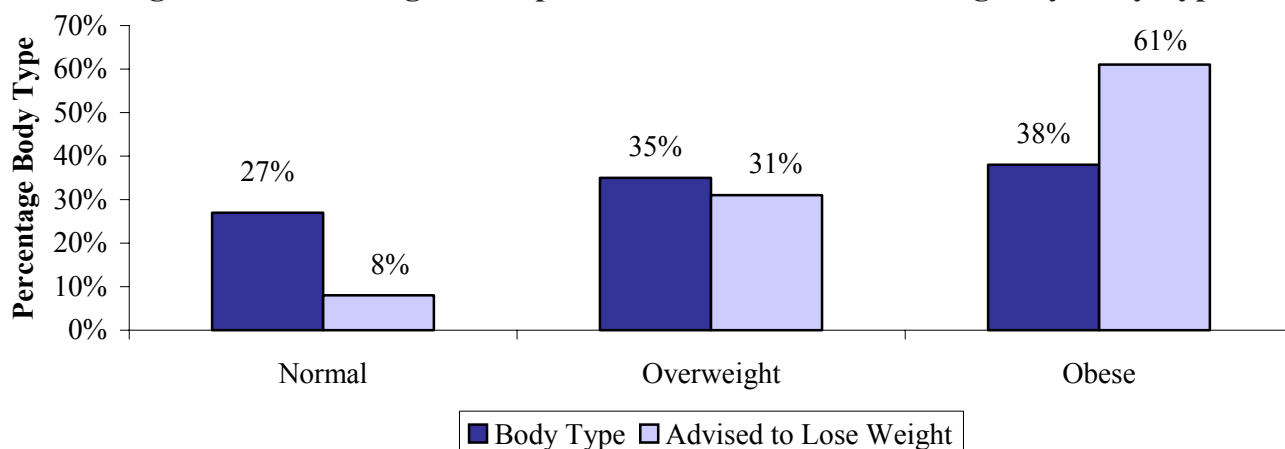
- Sixty percent of the follow-up survey respondents were female and 40 percent were male. Thirteen percent of participants in the follow-up survey were 18-34, 31 percent were 35-49, 33 percent were 50-64, and 23 percent were over 65. The mean age of participants was 52.
- Twenty-four percent of the follow-up survey participants reported having fair or poor health, while 76 percent reported having excellent, very good, or good health.
- On average, respondents had seven days during the previous 30 when physical health was not good. By comparison, persons without arthritis (measured during the initial BRFSS) had two days during the previous 30 when physical health was not good. (See Figure 12)
- On average, respondents had five days during the previous 30 when mental health was not good. By comparison, persons without arthritis (measured during the initial BRFSS) had three days during the previous 30 when mental health was not good. (See Figure 12)
- On average, respondents had five days during the previous 30 when poor physical or mental health prevented them from doing their usual activities. By comparison, persons without arthritis (measured during the initial BRFSS) had one day during the previous 30 when poor physical or mental health prevented them from doing their usual activities. (See Figure 12)
- On average, respondents had six days during the previous 30 when pain limited activities. By comparison, persons without arthritis (measured during the initial BRFSS) had one day during the previous 30 when pain limited activities. (See Figure 12)

**Figure 12. A Comparison of Initial Survey Participants Without Arthritis or CJS to Follow-up Participants With Arthritis or CJS by Mean Unhealthy Days and Activity Limitation**



**Figure 13. A Comparison of Initial Survey Participants Without Arthritis or CJS to Follow-up Participants With Arthritis or CJS by Number of Days Pain Limited Activities**

- Fifty-seven percent of respondents indicated that usual activities were not limited by pain during the past 30 days. Seventeen percent were limited by pain one to seven days, seven percent were limited by pain eight to 14 days, and 19 percent were limited by pain 15 to 30 days during the past 30 days. During the initial BRFSS Survey, 89 percent of those without arthritis or CJS indicated they were not limited by pain during the past month. Nine percent were limited by pain one to seven days, one percent were limited by pain eight to 14 days, and one percent were limited by pain 15 to 30 days during the past 30 days. Those with arthritis were almost 20 times as likely to experience pain for 15-30 days during the last 30 days.
- Twenty-seven percent of respondents had a normal bodyweight, 35 percent were overweight, and 38 percent were obese. Only eight percent of those who had a normal weight were advised by a physician to lose weight, while 31 percent of those who were overweight and 61 percent who were obese were told by a health care professional to lose weight.
- Twenty percent of respondents indicated they were physically inactive, while 80 percent reported they participated in some leisure-time activity (See Healthy People 2010 Objective 22-1 for a definition). Only 19 percent of those who were physically inactive were advised to exercise by a health care professional and 81 percent of those who participated in some leisure-time activities were told by a health care professional to exercise.

**Figure 14. Percentage of Respondents Advised to Lose Weight by Body Type**



## APPENDIX B - DETAILED ARTHRITIS FOLLOW-UP SURVEY RESULTS

### Arthritis Case Definition

<b>Question – During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?</b>	
Yes	89.3%
No	10.7%

<b>Question – Were these symptoms present on most days, for at least one month?</b>	
Yes	81.1%
No	18.3%
Don't Know/Not Sure	0.6%

<b>Question – Have you ever been told by a doctor that you have arthritis?</b>	
Yes	65.2%
No	33.5%
Don't Know/Not Sure	1.3%

### Traditional Medical Care Use

<b>Question – Do you have a doctor or other health care provider you see for your arthritis or chronic joint symptoms?</b>	
Yes	61.3%
No	38.7%

<b>Question – What type of doctor or other health care provider do you primarily see for your arthritis or chronic joint symptoms?</b>	
General Practitioner	25.5%
Family Practitioner	21.0%
Orthopedic Specialist	15.5%
Internist	15.4%
Other	13.9%
Rheumatologist	4.8%
Chiropractor	2.5%
Physical Therapist/Occupational Therapist	1.0%
Podiatrist	0.3%
Physician Assistant	0.1%
Psychiatrist/Psychologist	0.0%
Nurse Practitioner/Nurse	0.0%

**Question – How many times during the past 12 months did you visit your doctor or health care provider for your arthritis or chronic joint symptoms?**

1-2 visits	45.3%
3-10 visits	31.1%
11-20 visits	4.4%
21 + visits	2.1%
None	0.0%
Don't Know/Not Sure	17.7%

**Question – During the past 12 months, did your doctor or health care provider give you advice on how to manage your arthritis?**

Yes	83.0%
No	17.0%

**Question – What kind of advice did your doctor or health care provider give you about managing your arthritis or chronic joint symptoms?\***

Exercise	85.2%
Prescription Medications	73.8%
Non-prescription Medications	46.3%
Diet	41.2%
Weight Loss	41.2%
Physical Therapy/Occupational Therapy	33.6%
Water Exercise	30.0%
Complimentary or Alternative Therapy (massage, etc.)	18.3%
Surgery	17.4%
Counseling	11.7%
Chiropractic Therapy	8.1%
Arthritis Self-Help Course	6.1%

\* Please Note: More than one response was possible

## Traditional Medical Care Use

Question – In the past 12 months, what have you done to manage your arthritis or joint symptoms?*	
Exercise	77.4%
Non-prescription Medications	62.0%
Vitamin Supplements	56.9%
Prescription Medications	54.8%
Diet	38.9%
Rub on Treatments	41.9%
Massage	34.1%
Meditation/Relaxation	33.4%
Glucosamine/Chondroitin Sulfate	25.9%
Water exercise	20.1%
Physical Therapy/Occupational Therapy	18.0%
Chiropractic Therapy	17.3%
Herbal Treatments	13.8%
Movement Techniques (yoga or thai chi)	11.3%
Self-help Course for Your Arthritis	9.9%
Surgery	9.2%
Counseling	7.9%
Copper Bracelet	5.7%
Acupuncture or Acupressure	4.9%
Imagery	4.8%
Hypnosis	1.9%
* Please Note: More than one response was possible	

## Primary Sources of Information about Arthritis

<b>Question – In the past 12 months, where did you get information about arthritis or chronic joint symptoms?*</b>	
Your Doctor or Health Care Provider	50.3%
Magazines	16.7%
Internet	12.5%
Other	9.1%
Relative or Friend	7.8%
Television	7.2%
Pamphlets	6.0%
Newspapers	5.3%
Books	2.9%
Pharmacist	2.0%
Arthritis Foundation	1.6%
Library	1.5%
Nurse or Nurse Practitioner	1.0%
Radio	0.6%
Classes in the community (Including the Arthritis Self-Help Course)	0.1%
Health Department	0.0%
Store Display	0.0%
Classes While a Patient in a Hospital	0.0%
Nowhere	0.0%
* Please Note: More than one response was possible	

<b>Question – How did you find out about the course(s)? *</b>	
Your Doctor or other Health Care Provider	24.5%
Relative or Friend	21.4%
Pamphlets	6.6%
Newspaper	5.7%
Internet	4.8%
Magazines	3.4%
Pharmacist	0.0%
Classes in the community	3.3%
Nurse or Nurse Practitioner	2.4%
Television	1.3%
Books	1.2%
Arthritis Foundation	0.9%
Library	0.0%
Classes while a patient in a hospital	0.0%
Store display	0.0%
Health Department	0.0%
Radio	0.0%
Nowhere	0.0%
* Please Note: More than one response was possible	

## Insurance and Health Cost Issues

<b>Question – During the past 12 months, what problems have you met with in trying to manage your arthritis or chronic joint symptoms?*</b>	
Unable to Exercise Due to Pain	43.0%
Trying to Lose Weight	41.0%
Unable to Exercise for Other Reasons	27.6%
Cost of Medications	23.3%
Cost of Doctor Visits	22.1%
Costs of Supplies and Equipment	14.3%
Ongoing Education about Arthritis	12.7%
Lack of Support From Family and Friends	5.5%
Lack of Support From People at Work	3.9%
Lack of Transportation to and From Appointments	3.6%
* Please Note: More than one response was possible	

<b>Question – During the past 12 months, have you been prevented from visiting your doctor or health care provider as often as you felt you needed for your arthritis or chronic joint symptoms?</b>	
Yes	10.5%
No	89.5%

<b>Question – What reason(s) prevented you from visiting your doctor or health care provider as often as you felt you needed?*</b>	
No Health Insurance	25.2%
Inadequate Health Insurance	24.2%
Loss of Pay to Visit the Doctor	23.6%
Waiting Time in Doctor's Office	21.0%
Time Off From Work (you or someone else)	18.9%
Travel Distance to the Doctor	18.5%
Lack of Transportation to and From Appointments	0.0%
Fear of Findings	0.0%
Other Reasons	0.0%
* Please Note: More than one response was possible	

<b>Question - During the past 12 months, what are your estimated out-of-pocket costs for treating you arthritis or chronic joint symptoms per month?</b>	
\$0	18.6%
\$1 - \$99 per month	62.7%
\$100 - \$299 per month	10.3%
\$300 - \$499 per month	0.3%
\$500 - \$1,000 per month	1.1%
Don't Know/Not Sure	6.9%
Refused	0.0%

## Other Factors Affecting Arthritis Management

<b>Question – How long have you had arthritis or chronic joint symptoms?</b>	
1- 12 Months	12.3%
1-10 Years	61.4%
11-20 Years	15.3%
21-30 Years	5.3%
31-40 Years	2.8%
41-50 Years	0.5%
51-60 Years	0.1%
61-70 Years	0.0%
Don't Know/Not Sure	2.4%

<b>Question - Have you ever had surgery to replace a joint or joints due to arthritis or chronic joint symptoms?</b>	
Yes	6.5%
No	93.5%

<b>Question - What joint(s) have you had replaced? *</b>	
Knee	22.3%
Hip	24.6%
Knee and Hip	7.7%
Finger	3.5%
Shoulder	0.8%
Other	41.1%
*Please Note: More than one response was possible	

<b>Question – Do you know about the Arthritis Foundation?</b>	
Yes	52.6%
No	47.4%

<b>Question – Would you like the toll free number to the Arthritis Foundation?</b>	
Yes	37.7%
No	62.3%

<b>Question – Are you currently taking, or have you ever taken, any of the following courses because of your arthritis?</b>	
Other Non-Arthritis Foundation Courses	14.5%
Water Exercise Course	10.7%
Fibromyalgia Self-Help Course	1.6%
Arthritis Self-Help Course	1.1%
Other Arthritis Foundation Courses	0.5%
Don't Know/Not Sure	0.2%
Refused	0.0%

**Question – As a result of taking the course(s), do you feel more in control of your arthritis or joint symptoms?**

Yes	72.9%
No	27.1%

**Question – Would you like someone to mail you more information or call you about arthritis or signing up for an Arthritis Self-Help Course?**

Send information about arthritis by mail	26.3%
Send information about the Arthritis Self-Help Course	25.5%
Call with information about arthritis	1.3%
Call with information about the Arthritis Self-Help Course	1.5%

**Question – What is your single greatest concern about having arthritis or chronic joint symptoms?  
(Write in response)**